## Case 16-14462 Doc 1 Filed 04/28/16 Entered 04/28/16 13:32:25 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:   | Identify Yourself  |   |   |  |
|-----|---|--|---|---|--|
|     |   |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |  |
| 1.  | You   | r full name  |   |   |  |
|     | your<br>pictu<br>exar<br>licer<br>Brin-<br>iden | e the name that is on government-issued ure identification (for mple, your driver's use or passport).  g your picture tification to your sting with the trustee. | Michael First name  J Middle name  Hosey Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |
| 2.  | use<br>Inclu                                    | other names you have<br>d in the last 8 years<br>ude your married or<br>den names.   |   |   |  |
| 3.  | you<br>num<br>Indi                              | y the last 4 digits of<br>r Social Security<br>horizon or federal<br>vidual Taxpayer<br>htification number   | xxx-xx-2407   |   |  |

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Case number (if known)

Debtor 1 Michael J Hosey

About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 5231 Bentgrass Avenue Richton Park, IL 60471 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Michael J Hosey

| <b>'</b> . | The chapter of the  |   |                |  |             | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy |                            |                                   |  |  |  |  |  |
|------------|---|---|----------------|--|-------------|--|----------------------------|-----------------------------------|--|--|--|--|--|
|            | Bankruptcy Code you are choosing to file under  | <ul><li>(Form 2010)). Also, go to the top of page 1 and check the appropriate box.</li><li>☐ Chapter 7</li></ul>  |                |  |             |  |                            |                                   |  |  |  |  |  |
|            |   |   | •              |  |             |  |                            |                                   |  |  |  |  |  |
|            |   | _   | apter 11       |  |             |  |                            |                                   |  |  |  |  |  |
|            |   | _   | apter 12       |  |             |  |                            |                                   |  |  |  |  |  |
|            |   | ■ Cha   | apter 13       |  |             |  |                            |                                   |  |  |  |  |  |
| 3.         | How you will pay the fee  | J will pay the entire fee when I file my petition. Please check with the clerk's office in your local cabout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashing order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit a pre-printed address. |                |  |             |  |                            | n, cashier's check, or money      |  |  |  |  |  |
|            |   |   | need to pay    | the fee in installments. If y                                  |             | e this option, sig   | n and attach the Applica   | ation for Individuals to Pay      |  |  |  |  |  |
|            |   |   | Ū              | e in Installments (Official For<br>t my fee be waived (You ma  | ,           | this option only   | if you are filing for Char | oter 7. By law, a judge may       |  |  |  |  |  |
|            |   | k   | out is not req | uired to, waive your fee, and                                  | may do so   | only if your inco  | ome is less than 150% of   | of the official poverty line that |  |  |  |  |  |
|            |   |   |                | ur family size and you are un<br>on to Have the Chapter 7 Fili |             |  |                            |                                   |  |  |  |  |  |
|            |   |   |                |  |             |  |                            |                                   |  |  |  |  |  |
| 9.         | Have you filed for bankruptcy within the last 8 years?  | □ No.   |                |  |             |  |                            |                                   |  |  |  |  |  |
|            |   | ■ Yes   |                |  |             |  |                            |                                   |  |  |  |  |  |
|            | lact o youro.   | _ 100   | ·•             | Northern District of   |             |  |                            |                                   |  |  |  |  |  |
|            |   |   | 5              | Illinois, Northern   |             | 4/20/42  |                            | 12.01001                          |  |  |  |  |  |
|            |   |   | District       | District   | When        | 1/20/12  | Case number                | 12-01904                          |  |  |  |  |  |
|            |   |   | District       |  | _ When      |  | Case number                |                                   |  |  |  |  |  |
|            |   |   | District       |  | _ When      |  | Case number                |                                   |  |  |  |  |  |
| 0.         | Are any bankruptcy cases pending or being   | ■ No  |                |  |             |  |                            |                                   |  |  |  |  |  |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes   | s.             |  |             |  |                            |                                   |  |  |  |  |  |
|            |   |   | Debtor         |  |             |  | Relationship to y          | /ou                               |  |  |  |  |  |
|            |   |   | District       |  | When        |  | Case number, if            | known                             |  |  |  |  |  |
|            |   |   | Debtor         |  |             |  | Relationship to y          | /ou                               |  |  |  |  |  |
|            |   |   | District       |  | When        |  | Case number, if            | known                             |  |  |  |  |  |
| 11         | Do you rent your  | ■ No.   | Go to li       | ne 12.   |             |  |                            |                                   |  |  |  |  |  |
| ٠          | residence?  | ☐ Yes   |                | ur landlord obtained an evict                                  | ion judgm   | ent against you a  | and do you want to stay    | in your residence?                |  |  |  |  |  |
| ٠          |   |   | ,              |  |             | - ,  |                            | •                                 |  |  |  |  |  |
|            |   |   | П              | No. Go to line 12.   |             |  |                            |                                   |  |  |  |  |  |
|            |   |   |                | No. Go to line 12.  Yes. Fill out <i>Initial Statemer</i>      | nt About ar | n Eviction Judam   | ent Against You (Form      | 101A) and file it with this       |  |  |  |  |  |

| Deb | otor 1 N                                  | lichael J Hosey  |  |                  | Document Page 4 of 50  Case number (if known)                                     |                             |  |  |
|-----|---|--|--|------------------|---|-----------------------------|--|--|
| Par | t 3: Re                                   | eport About Any Bu   | sinesses   | You Own          | as a Sole Proprietor  |                             |  |  |
| 12. |   | u a sole proprietor<br>full- or part-time<br>ss?   | ■ No.  | Go to            | Part 4.   |                             |  |  |
|     |   |  | ☐ Yes.   | Name             | and location of business  |                             |  |  |
|     | busines<br>an indiv<br>separat<br>as a co | proprietorship is a<br>ss you operate as<br>vidual, and is not a<br>the legal entity such<br>rporation,<br>ship, or LLC. |  | Name             | of business, if any   |                             |  |  |
|     | If you h                                  | ave more than one oprietorship, use a see sheet and attach   |  | Numb             | er, Street, City, State & ZIP Code  |                             |  |  |
|     |   | s petition.  |  | Check            | the appropriate box to describe your business:                                    |                             |  |  |
|     |   |  |  |                  | Health Care Business (as defined in 11 U.S.C. § 101(27A))                         |                             |  |  |
|     |   |  |  |                  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))                     |                             |  |  |
|     |   |  |  |                  | Stockbroker (as defined in 11 U.S.C. § 101(53A))                                  |                             |  |  |
|     |   |  |  |                  | Commodity Broker (as defined in 11 U.S.C. § 101(6))                               |                             |  |  |
|     |   |  |  |                  | None of the above   |                             |  |  |
| 13. | Chapte<br>Bankru                          | u filing under<br>or 11 of the<br>uptcy Code and are<br>small business<br>?  | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set a deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, st operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). |                  |   |                             |  |  |
|     | For a de                                  | efinition of <i>small</i>  | ■ No.  | I am n           | ot filing under Chapter 11.   |                             |  |  |
|     | busines                                   | ss debtor, see 11<br>§ 101(51D).   | □ No.  | I am fi<br>Code. | ing under Chapter 11, but I am NOT a small business debtor according to the d     | efinition in the Bankruptcy |  |  |
|     |   |  | ☐ Yes.   | I am fi          | ing under Chapter 11 and I am a small business debtor according to the definition | on in the Bankruptcy Code.  |  |  |
| Par | t 4: Re                                   | eport if You Own or  | Have Any   | Hazardo          | us Property or Any Property That Needs Immediate Attention                        |                             |  |  |
| 14. | Do you                                    | own or have any  | ■ No.  |                  |   |                             |  |  |
|     | proper                                    | ty that poses or is  |  |                  |   |                             |  |  |
|     | of imm<br>identifi<br>public              | inent and<br>able hazard to<br>health or safety?   | ☐ Yes.   | What is t        | ne hazard?  |                             |  |  |
|     | proper                                    | ou own any<br>ty that needs<br>iate attention?   |  |                  | ate attention is why is it needed?  |                             |  |  |

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs

urgent repairs?

Debtor 1 Michael J Hosey Document Page 5 of 50

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Det | Nor I Wilchael J Hosey  |  |  | Case numb   | et (if known)   |  |  |  |  |  |
|-----|---|--|--|---|---|--|--|--|--|--|
| Par | t 6: Answer These Quest   | ions for R   | eporting Purposes  |   |   |  |  |  |  |  |
| 16. | What kind of debts do you have?   | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."             |   |   |  |  |  |  |  |
|     |   |  | ☐ No. Go to line 16b.  |   |   |  |  |  |  |  |
|     |   |  | Yes. Go to line 17.  |   |   |  |  |  |  |  |
|     |   | 16b.   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.     |   |   |  |  |  |  |  |
|     |   |  | □ No. Go to line 16c. □ Yes. Go to line 17.  |   |   |  |  |  |  |  |
|     |   |  |  |   |   |  |  |  |  |  |
|     |   | 16c.   | State the type of debts you  | ess debts   |   |  |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | ■ No.  | I am not filing under Chapte   | er 7. Go to line 18.  |   |  |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and                          | ☐ Yes.   | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expensare paid that funds will be available to distribute to unsecured creditors? |   |   |  |  |  |  |  |
|     | administrative expenses   |  | □ No   |   |   |  |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |  | □Yes   |   |   |  |  |  |  |  |
| 18. | •   | <b>■</b> 1-49  |  | □ 1,000-5,000   | □ 25,001-50,000   |  |  |  |  |  |
|     | you estimate that you owe?  | □ 50-99  | ı  | ☐ 5001-10,000   | ☐ 50,001-100,000  |  |  |  |  |  |
|     |   | □ 100-1<br>□ 200-9   |  | □ 10,001-25,000   | ☐ More than100,000  |  |  |  |  |  |
| 19. | How much do you estimate your assets to   | □ \$0 - \$   | 350,000<br>101 - \$100,000   | ☐ \$1,000,001 - \$10 million<br>☐ \$10,000,001 - \$50 million                               | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion                          |  |  |  |  |  |
|     | be worth?   |  | ,001 - \$500,000   | □ \$50,000,001 - \$30 million   | ☐ \$10,000,000,001 - \$50 billion   |  |  |  |  |  |
|     |   |  | 001 - \$1 million  | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |  |  |  |  |  |
| 20. | How much do you estimate your liabilities   | □ \$0 - \$   |  | □ \$1,000,001 - \$10 million  | \$500,000,001 - \$1 billion   |  |  |  |  |  |
|     | to be?  |  | 001 - \$100,000<br>.001 - \$500,000  | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million                             | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                      |  |  |  |  |  |
|     | _   |  | 001 - \$300,000<br>001 - \$1 million   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |  |  |  |  |  |
| Par | t7: Sign Below  |  |  |   |   |  |  |  |  |  |
| For | you   | I have ex  | camined this petition, and I de  | eclare under penalty of perjury that the info   | rmation provided is true and correct.   |  |  |  |  |  |
|     |   |  |  | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I of |   |  |  |  |  |  |
|     |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |   |  |  |  |  |  |
|     |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |   |   |  |  |  |  |  |
|     |   | bankrupt<br>and 357  | cy case can result in fines up<br>1.   | at, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20      | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |  |
|     |   | Michae   | nael J Hosey I J Hosey e of Debtor 1   | Signature of Debt   | or 2  |  |  |  |  |  |
|     |   | Executed   | d on April 28, 2016  | Executed on   |   |  |  |  |  |  |
|     |   |  | MM / DD / YYYY   | MI  | M / DD / YYYY   |  |  |  |  |  |

Debtor 1 Michael J Hosey

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Edmun              | d G. Urban III         | Date          | April 28, 2016   |  |
|------------------------|------------------------|---------------|------------------|--|
| Signature of           | Attorney for Debtor    |               | MM / DD / YYYY   |  |
| Edmund G               | 6. Urban III           |               |                  |  |
| Urban & B              | Burt, Ltd.             |               |                  |  |
| 5320 W 15<br>Suite 501 | 9th Street             |               |                  |  |
| Oak Fores              | st, IL 60452           |               |                  |  |
| Number, Street,        | City, State & ZIP Code |               |                  |  |
| Contact phone          | 708-687-5200           | Email address | bk@urbanburt.com |  |
| 6182264                |                        |               |                  |  |
| Bar number & St        | tato                   |               |                  |  |

|                    | Michael J Hosey        |                   |             |  |
|--------------------|------------------------|-------------------|-------------|--|
|                    | First Name             | Middle Name       | Last Name   |  |
| Debtor 2           |                        |                   |             |  |
| Spouse if, filing) | First Name             | Middle Name       | Last Name   |  |
| United States Ban  | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|                      | 136,000.00 26,125.00 162,125.00 r liabilities punt you owe 257,390.00 0.00 8,745.10 |
|----------------------|---|
| \$ _ You Amo         | 162,125.00  r liabilities bunt you owe  257,390.00  0.00  8,745.10                  |
| You Amo              | r liabilities<br>ount you owe<br>257,390.00<br>0.00<br>8,745.10                     |
| \$ _<br>\$ _<br>\$ _ | 257,390.00<br>0.00<br>8,745.10  |
| \$ _<br>\$ _<br>\$ _ | 257,390.00<br>0.00<br>8,745.10  |
| \$ _<br>\$ _         | 0.00<br>8,745.10  |
| \$_                  | 8,745.10  |
| \$_                  | ,   |
| \$                   | 266 135 10  |
| <b> </b>             | 200,133.10  |
|                      |   |
| \$_                  | 2,196.00  |
| \$_                  | 1,817.00  |
|                      |   |
| our other            | schedules.  |
|                      |   |
| our                  | other   |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

5,765.24 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|           | Ca   | ase 16-1446                   | 2 Doc 1               |                                 | 04/28/16<br>ument                            | Entered 04/28/16<br>Page 10 of 50  | 6 13:32:25                            | 5 Des                   | sc N   | /lain                                      |  |
|-----------|--|-------------------------------|-----------------------|---------------------------------|--|--|---------------------------------------|-------------------------|--|--|--|
| Fill      | in this infor                                      | mation to identify            | your case and th      |                                 |  | 1 80C 10 01 30   |                                       |                         |  |  |  |
| Deb       | otor 1   | Michael J Ho                  |                       | e Name                          |  | Last Name  |                                       |                         |  |  |  |
|           | otor 2<br>use, if filing)                          | First Name                    |                       | e Name                          |  | Last Name  |                                       |                         |  |  |  |
| Uni       | ted States Ba                                      | ankruptcy Court for           | the: NORTHER          | N DISTI                         | RICT OF ILLIN                                | IOIS   |                                       |                         |  |  |  |
| Cas       | se number  |                               |                       |                                 |  | -  |                                       |                         |  | Check if this is an amended filing         |  |
| _         |  | orm 106A/E                    | _                     |                                 |  |  |                                       |                         |  |  |  |
| <u>30</u> | chedul   | <u>le A/B: Pi</u>             | roperty               |                                 |  |  |                                       |                         |  | 12/15                                      |  |
| nfor      | mation. If more<br>ver every que                   | re space is needed,<br>stion. | attach a separate sl  | heet to th                      | nis form. On the                             | e are filing together, both are e<br>top of any additional pages,<br>on or Have an Interest In |                                       |                         |  |  |  |
| . D       | o you own or                                       | have any legal or eq          | uitable interest in a | ıny resid                       | ence, building,                              | land, or similar property?   |                                       |                         |  |  |  |
|           | No. Go to Pa                                       |                               |                       | ,                               | , ,  |  |                                       |                         |  |  |  |
|           | _  | is the property?              |                       |                                 |  |  |                                       |                         |  |  |  |
|           | - res. where                                       | is the property:              |                       |                                 |  |  |                                       |                         |  |  |  |
| 1.1       |  |                               |                       | What                            | is the property                              | ? Check all that apply   |                                       |                         |  |  |  |
|           | 108 Willo  | w Road                        |                       |                                 | Single-family h                              | nome   | Do not deduct s                       | secured clai            | ms or  | exemptions. Put                            |  |
|           | Street address, if available, or other description |                               |                       | — Dublex of multi-unit building |  |  |                                       |                         | the amount of any secured claims on Sch.<br>Creditors Who Have Claims Secured by F |  |  |
|           | Matteson   | IL                            | 60443-0000            |                                 | Manufactured<br>Land                         | or mobile home   | Current value entire property         |                         |  | rent value of the ion you own?             |  |
|           | City   | State                         | ZIP Code              |                                 | Investment pro                               | pperty   | \$136,0                               | 00.00                   | _  | \$136,000.00                               |  |
|           |  |                               |                       | Uho                             | Timeshare Other has an interest              | in the property? Check one   | (such as fee si<br>a life estate), it | imple, tena<br>f known. |  | vnership interest<br>by the entireties, or |  |
|           | 0  |                               |                       |                                 | Debtor 1 only                                |  | Fee simple                            |                         |  |  |  |
|           | County   |                               |                       |                                 | Debtor 2 only Debtor 1 and I At least one of | Debtor 2 only  | ☐ Check if t                          | his is comr             | nunit  | y property                                 |  |
|           |  |                               |                       |                                 | information yo                               | ou wish to add about this item on number:  | , such as local                       |                         |  |  |  |
|           |  |                               |                       |                                 | -  | surrendered to secured   | creditor,Bar                          | nk of Am                | eric   | a  |  |
|           |  |                               |                       |                                 |  |  |                                       |                         |  | <del></del>                                |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$136,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb         | otor 1                  | Case 16-14462 Michael J Hosey   | Doc 1           | Filed 04/28/16<br>Document                       | Entered 04/28<br>Page 11 of 50 | 8/16 13:32:25 ase number (if known)     | Desc Main   |
|-------------|-------------------------|---|-----------------|--|--------------------------------|---|---|
|             |                         | ns, trucks, tractors, spor  | rt utility vehi | cles motorcycles                                 |                                |   |   |
|             | ,                       | is, trucks, tructors, spor  | t dillity veili | cies, motorcycles                                |                                |   |   |
|             | l No                    |   |                 |  |                                |   |   |
| •           | Yes                     |   |                 |  |                                |   |   |
| 3.1         | Make                    |   |                 | Who has an interest in the                       | property? Check one            |   | red claims or exemptions. Put ecured claims on Schedule D:                        |
|             | Mode                    |   |                 | Debtor 1 only                                    |                                | Creditors Who Have                      | e Claims Secured by Property.   |
|             | Year:                   | 2011<br>eximate mileage:  | 95000           | Debtor 2 only Debtor 1 and Debtor 2 of           | m h c                          | Current value of th<br>entire property? | e Current value of the portion you own?   |
|             |                         | information:  | 33000           | ☐ At least one of the debte                      | •                              | chare property.                         | portion you own.  |
|             | Fair                    | to good condition   |                 | — / ti loudet dillo di tillo dobte               |                                |   |   |
|             |                         |   |                 | Check if this is communicated (see instructions) | inity property                 | \$5,130.0<br>                           | 55,130.00   |
| .p          | pages ye                | dollar value of the portion have attached for Parcribe Your Personal and H    | rt 2. Write th  | at number here                                   |                                |   | \$5,130.00  |
| 6. <b>H</b> | ouseho                  | n or have any legal or ed<br>Id goods and furnishing                          | js              | ·  | ing items?                     |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| _           | E <i>xample</i><br>∃ No | s: Major appliances, furnit   | ture, linens, c | china, kitchenware                               |                                |   |   |
| _           |                         | Describe  |                 |  |                                |   |   |
|             | <b>-</b> 165. 1         | Describe  |                 |  |                                |   |   |
|             |                         | Genera  | al househo      | ld furnishings and go                            | oods                           |   | \$500.00  |
| E           | No                      |   |                 |  | ment; computers, printe        | ers, scanners; music col                | lections; electronic devices  |
| E           |                         | les of value<br>s: Antiques and figurines;<br>other collections, mem          |                 |  | oks, pictures, or other ar     | t objects; stamp, coin, c               | or baseball card collections;   |
|             |                         | Describe  |                 |  |                                |   |   |
| E           | Example<br>_            | nt for sports and hobbie<br>s: Sports, photographic, e<br>musical instruments |                 | other hobby equipment; I                         | picycles, pool tables, go      | lf clubs, skis; canoes ar               | nd kayaks; carpentry tools;   |
|             | ■ No<br>□ Yes. I        | Describe  |                 |  |                                |   |   |
|             | Firearm<br>Exampl       | <b>s</b><br>es: Pistols, rifles, shotgun                                      | ıs, ammunitio   | n, and related equipment                         |                                |   |   |
|             | No .                    | Describe  |                 |  |                                |   |   |

Official Form 106A/B Schedule A/B: Property page 2

Document Page 12 of 50 Case number (if known) Debtor 1 Michael J Hosey 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$300.00 Personal Used Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Watches \$20.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$820.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Central Credit Union** \$175.00 Savings 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Case 16-14462

Doc 1

Filed 04/28/16

Entered 04/28/16 13:32:25

Desc Main

|    |                        | Case 10-14402  | DOCI                | Document                  | Page 13 of 50               | 3/10 13.32.25             | Desc Main  |
|----|------------------------|--|---------------------|---------------------------|-----------------------------|---------------------------|--|
| D  | ebtor 1                | Michael J Hosey  |                     | Document                  |                             | Case number (if known)    |  |
|    | ☐ Yes.                 | Give specific information a  | bout them er name:  |                           |                             |                           |  |
| 21 |                        | ment or pension account ples: Interests in IRA, ERIS                                 |                     | s), 403(b), thrift saving | s accounts, or other per    | nsion or profit-sharing p | lans   |
|    | Yes.                   | List each account separate Type of   | ely.<br>of account: | Institution r             | name:                       |                           |  |
|    |                        | 401k   |                     | Retireme                  | nt account through          | employer                  | \$20,000.00  |
| 22 | Your s                 | ty deposits and prepaym<br>share of all unused deposit<br>oles: Agreements with land | s you have made     |                           |                             |                           | es, or others  |
|    | ☐ Yes.                 |  |                     | Institution r             | name or individual:         |                           |  |
| 23 | Annuit                 | ies (A contract for a period   | lic payment of m    | oney to you, either fo    | r life or for a number of y | years)                    |  |
|    | ☐ Yes                  | lssuer name  | e and description   | 1.                        |                             |                           |  |
| 24 | 26 U.S.                | ts in an education IRA, in<br>C. §§ 530(b)(1), 529A(b), a                            |                     | a qualified ABLE pro      | ogram, or under a qual      | lified state tuition prog | gram.  |
|    | ■ No<br>□ Yes          | Institution n  | ame and descrip     | otion. Separately file th | ne records of any interes   | sts.11 U.S.C. § 521(c):   |  |
| 25 | ■ No                   | , equitable or future inter  |                     | / (other than anythin     | g listed in line 1), and    | rights or powers exer     | cisable for your benefit   |
| 26 |                        | s, copyrights, trademarks<br>bles: Internet domain name                              |                     |                           |                             | ts                        |  |
|    |                        | Give specific information  | about them          |                           |                             |                           |  |
| 27 | Exam <sub>l</sub> ■ No | es, franchises, and other oles: Building permits, excl                               | usive licenses, c   |                           | n holdings, liquor licens   | es, professional license  | s  |
|    | ☐ Yes.                 | Give specific information  | about them          |                           |                             |                           |  |
| M  | oney or                | property owed to you?  |                     |                           |                             |                           | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28 |                        | funds owed to you  |                     |                           |                             |                           |  |
|    | ■ No<br>□ Yes.         | Give specific information a  | bout them, inclu    | ding whether you alre     | ady filed the returns and   | d the tax years           |  |
| 29 |                        | r <b>support</b><br>bles: Past due or lump sum                                       | alimony, spous      | al support, child supp    | ort, maintenance, divorc    | ce settlement, property s | settlement   |
|    | ☐ Yes.                 | Give specific information  |                     |                           |                             |                           |  |
| 30 |                        | amounts someone owes<br>bles: Unpaid wages, disabi<br>benefits; unpaid loans         | lity insurance pa   |                           | efits, sick pay, vacation   | pay, workers' compens     | sation, Social Security  |
|    | ■ No □ Yes.            | Give specific information  |                     |                           |                             |                           |  |

|                           | Case 16-14462   | Doc 1                        | Filed 04/28/16<br>Document | Page 14 of 50                                       | Desc Main                  |
|---------------------------|---|------------------------------|----------------------------|---|----------------------------|
| Debtor 1                  | Michael J Hosey   |                              |                            | Case number (if known)                              |                            |
|                           | ets in insurance policies bles: Health, disability, or life   | e insurance; h               | nealth savings account (I  | HSA); credit, homeowner's, or renter's insurar      | nce                        |
| ☐ Yes.                    | Name the insurance compa<br>Com   | any of each po<br>pany name: | olicy and list its value.  | Beneficiary:  | Surrender or refund value: |
| If you a some o           | terest in property that is deare the beneficiary of a living one has died.  Give specific information |                              |                            | d surance policy, or are currently entitled to reco | eive property because      |
| Exam <sub>p</sub><br>■ No | against third parties, who<br>les: Accidents, employmen<br>Describe each claim                        |                              |                            | t or made a demand for payment<br>to sue            |                            |
| ■ No                      | contingent and unliquidat  Describe each claim  | ed claims of                 | every nature, including    | g counterclaims of the debtor and rights to         | set off claims             |
| ■ No                      | nancial assets you did not Give specific information  | already list                 |                            |   |                            |
|                           |   |                              |                            | ny entries for pages you have attached              | \$20,175.00                |
| Part 5: De                | scribe Any Business-Related   | Property You                 | Own or Have an Interest I  | n. List any real estate in Part 1.                  |                            |
| 37. <b>Do you</b> o       | own or have any legal or equi   | table interest               | in any business-related pr | operty?   |                            |
| ■ No. Go                  | to Part 6.  |                              |                            |   |                            |
| ☐ Yes. G                  | Go to line 38.  |                              |                            |   |                            |
|                           | scribe Any Farm- and Commo  |                              |                            | n or Have an Interest In.                           |                            |
| 46. <b>Do vo</b> u        | ı own or have anv legal or  | · equitable in               | terest in any farm- or o   | commercial fishing-related property?                |                            |
| •                         | Go to Part 7.   | - 9                          |                            |   |                            |
|                           | . Go to line 47.  |                              |                            |   |                            |
| Part 7:                   | Describe All Property You   | Own or Have a                | n Interest in That You Did | Not List Above                                      |                            |

53. **Do you have other property of any kind you did not already list?** *Examples:* Season tickets, country club membership

 $\hfill \square$  Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

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Case number (if known)

Document Debtor 1 Michael J Hosey

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |              |
|------|--|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$136,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$5,130.00  |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$820.00    |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$20,175.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$26,125.00 | Copy personal property total | \$26,125.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$162,125.00 |

Official Form 106A/B Schedule A/B: Property page 6

|                     |                          |                   | $\mathbf{n} = \mathbf{n} \mathbf{n} \mathbf{n} \mathbf{n} \mathbf{n} \mathbf{n} \mathbf{n} \mathbf{n}$ |  |
|---------------------|--------------------------|-------------------|--|--|
| Fill in this info   | rmation to identify your | case:             |  |  |
| Debtor 1            | Michael J Hosey          |                   |  |  |
|                     | First Name               | Middle Name       | Last Name  |  |
| Debtor 2            |                          |                   |  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name  |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS  |  |
| Case number         |                          |                   |  |  |
| (if known)          |                          |                   |  |  |
|                     |                          |                   |  |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1:  | Identify th | e Property | You Claim   | as Exempt     |
|----------|-------------|------------|-------------|---------------|
| I all I. | IUCIIUIV U  | CIIODEILV  | i ou ciaiii | I as Excilibl |

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

  Brief description of the property and line on Current value of the Amount of the exemption you claim

| Brief description of the property and line on<br>Schedule A/B that lists this property     | Current value of the portion you own |     |   | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |
| 108 Willow Road Matteson, IL 60443<br>Cook County  | \$136,000.00                         |     | \$15,000.00   | 735 ILCS 5/12-901                  |
| Property to be surrendered to secured creditor,Bank of America Line from Schedule A/B: 1.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| General household furnishings and goods  | \$500.00                             |     | \$500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Personal Used Clothing Line from Schedule A/B: 11.1  | \$300.00                             |     | 100%  | 735 ILCS 5/12-1001(a)              |
| Ellie II oli ochedale 24 B. TTT  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Watches Line from Schedule A/B: 12.1   | \$20.00                              |     | \$20.00   | 735 ILCS 5/12-1001(b)              |
| Line IIIII Schedule AVD. 12.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Savings: Central Credit Union Line from Schedule A/B: 17.1                                 | \$175.00                             |     | \$175.00  | 735 ILCS 5/12-1001(b)              |
| LINE HOLL SUITEGUIE PAD. 11.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 16-14462 Doc 1 Filed 04/28/16 Entered 04/28/16 13:32:25 Desc Main Document Page 17 of 50 Case number (if known) Debtor 1 Michael J Hosey Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 401k: Retirement account through 735 ILCS 5/12-1006 \$20,000.00 \$20,000.00 employer Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

Yes

|   |                    | Document   | Page 18          | 8 of 50                                  | _                    |                            |
|---|--------------------|--|------------------|--|----------------------|----------------------------|
| Fill in this information to                         | identify you       | r case:  |                  |  |                      |                            |
| Debtor 1 Micha                                      | ael J Hosey        |  |                  |  |                      |                            |
| First Nar   |                    | Middle Name  | Last Name        |  |                      |                            |
| Debtor 2  |                    |  |                  |  |                      |                            |
| (Spouse if, filing) First Nar                       | me                 | Middle Name  | Last Name        |  |                      |                            |
| United States Bankruptcy (                          | Court for the:     | NORTHERN DISTRICT OF IL  | LINOIS           |  |                      |                            |
| omica ciarco zamiaproj                              |                    |  |                  |  |                      |                            |
| Case number   |                    |  |                  |  |                      |                            |
| (if known)  |                    |  |                  |  | _                    | if this is an              |
|   |                    |  |                  |  | amend                | led filing                 |
| Official Form 400F                                  |                    |  |                  |  |                      |                            |
| Official Form 106D                                  | _                  |  |                  |  |                      |                            |
| Schedule D: Cr                                      | editors            | Who Have Claims  | Secure           | d by Property                            |                      | 12/15                      |
| is needed, copy the Additiona<br>number (if known). | al Page, fill it o | f two married people are filing toget<br>out, number the entries, and attach it                          |                  |  |                      |                            |
| 1. Do any creditors have clair                      | ns secured by      | your property?   |                  |  |                      |                            |
| ☐ No. Check this box                                | and submit th      | is form to the court with your othe  | r schedules. Y   | ou have nothing else to                  | report on this form. |                            |
| Yes. Fill in all of the                             | information b      | pelow.   |                  |  |                      |                            |
| Part 1: List All Secure                             | d Claime           |  |                  |  |                      |                            |
| <u> </u>  |                    |  |                  | Column A                                 | Column B             | Column C                   |
|   |                    | nore than one secured claim, list the cr<br>a particular claim, list the other credito                   |                  |  | Value of collateral  | Unsecured                  |
|   |                    | cal order according to the creditor's nar  |                  | Do not deduct the                        | that supports this   | portion                    |
| 2.1 Bank of America                                 |                    | Describe the property that secures   | the claim:       | value of collateral. <b>\$246,000.00</b> | s136,000.00          | If any <b>\$110,000.00</b> |
| Creditor's Name                                     |                    | 108 Willow Road Matteson,  | 1                | φ240,000.00                              | φ130,000.00          | φ110,000.00                |
| DO Day 054004                                       |                    | Cook County Property to be surrendered secured creditor, Bank of A As of the date you file, the claim is | l to<br>merica   |  |                      |                            |
| PO Box 851001<br>Dallas, TX 75285-                  | 1001               | apply.   |                  |  |                      |                            |
|   |                    | Contingent   |                  |  |                      |                            |
| Number, Street, City, State 8                       | & Zip Code         | Unliquidated   |                  |  |                      |                            |
| Who owes the debt? Check                            | one                | ☐ Disputed  Nature of lien. Check all that apply.  |                  |  |                      |                            |
| _   | . 0110.            | _  |                  | 1  |                      |                            |
| Debtor 1 only                                       |                    | <ul> <li>An agreement you made (such as<br/>car loan)</li> </ul>   | s mortgage or se | ecurea                                   |                      |                            |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only        | ı                  | ☐ Statutory lien (such as tax lien, me   | ochanic's lian)  |  |                      |                            |
| At least one of the debtors                         |                    | ☐ Judgment lien from a lawsuit   | echanic's nem    |  |                      |                            |
| ☐ Check if this claim relates                       |                    | ☐ Other (including a right to offset)  |                  |  |                      |                            |
| community debt                                      | 0 to u             | — other (morading a right to onset)  | -                |  |                      |                            |
| Date debt was incurred                              |                    | Last 4 digits of account num   | nber             |  |                      |                            |
| 2.2 Carmax Auto Fina                                | ance               | Describe the property that secures   | the claim:       | \$11,390.00                              | \$5,130.00           | \$6,260.00                 |
| Creditor's Name                                     |                    | 2011 Chevrolet Impala 9500   | 00 miles         |  |                      | + - /                      |
| Attention: Bankrı                                   | uptcy              | Fair to good condition   |                  |  |                      |                            |
| Department  |                    | As of the data way file the claim is   | Ob 1 - 11 4b - 4 |  |                      |                            |
| P.O. Box 440609                                     |                    | As of the date you file, the claim is apply.   | . Check all that |  |                      |                            |
| Kennesaw, GA 30                                     | 160                | ☐ Contingent   |                  |  |                      |                            |
| Number, Street, City, State 8                       | & Zip Code         | ☐ Unliquidated   |                  |  |                      |                            |
| Who owes the debt? Check                            | rone               | ☐ Disputed  Nature of lien. Check all that apply.  |                  |  |                      |                            |
| _   | . 5110.            | _  |                  |  |                      |                            |
| Debtor 1 only                                       |                    | <ul> <li>An agreement you made (such as car loan)</li> </ul>   | mortgage or se   | ecurea                                   |                      |                            |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only        | ,                  | ☐ Statutory lien (such as tax lien, me   | ochaniola lian)  |  |                      |                            |
| At least one of the debtors                         |                    | ☐ Judgment lien from a lawsuit   | sonanic Silen)   |  |                      |                            |
| ☐ Check if this claim relate:                       |                    | ☐ Other (including a right to offset)  |                  |  |                      |                            |
| community debt                                      | u                  | — Other (including a right to onset)   |                  |  |                      |                            |
|   |                    |  | _                |  |                      |                            |
| Date debt was incurred 2/2                          | 2013               | Last 4 digits of account nun   | nber             |  |                      |                            |

Official Form 106D

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| Debtor 1            | Michael J Ho  | osey   |                                   | Case number (if know)   |                  |  |
|---------------------|---|--|-----------------------------------|---|------------------|--|
|                     | First Name  | Middle Name  | Last Name                         |   |                  |  |
|                     |   |  |                                   |   |                  |  |
| Add the             | e dollar value of yo  | our entries in Column A on t                       | this page. Write that number      | here: \$257,390.00  |                  |  |
|                     | s the last page of y<br>nat number here:  | your form, add the dollar va                       | lue totals from all pages.        | \$257,390.00  |                  |  |
| Part 2:             | List Others to I  | Be Notified for a Debt Th                          | at You Already Listed             |   |                  |  |
| rying to<br>han one | collect from you for creditor for any or  | or a debt you owe to someo                         | one else, list the creditor in Pa | bt that you already listed in Part 1. For example, if a colle<br>art 1, and then list the collection agency here. Similarly, i<br>editors here. If you do not have additional persons to be | if you have more |  |
| C                   | ame, Number, Stree<br>armax<br>040 Thalbro St                                       | et, City, State & Zip Code                         |                                   | On which line in Part 1 did you enter the creditor?   | _                |  |
|                     | ichmond, VA 2   | <del></del>  |                                   | Last 4 digits of account number   |                  |  |
| Po<br>22<br>Si      | ame, Number, Stree<br>otestivo & Ass<br>23 W. Jackson<br>uite 610<br>hicago, IL 606 | Blvd.  |                                   | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number  | -                |  |
|                     | incago, iz ooo  |  |                                   |   |                  |  |
|                     |   | et, City, State & Zip Code<br>n Management Service | es                                | On which line in Part 1 did you enter the creditor?   | -                |  |
|                     | O Box 52708<br>vine, CA 92619   | 9  |                                   | Last 4 digits of account number   |                  |  |

|   |  | Document  | Page 2                              | 0 of 50  | _                                  |  |
|---|--|---|-------------------------------------|--|------------------------------------|--|
| Fill in this inf  | ormation to identify your ca   | ise:  |                                     |  |                                    |  |
| Debtor 1  | Michael J Hosey  |   |                                     |  |                                    |  |
|   | First Name   | Middle Name   | Last Name                           |  |                                    |  |
| Debtor 2  |  |   |                                     |  |                                    |  |
| (Spouse if, filing)   | First Name   | Middle Name   | Last Name                           |  |                                    |  |
| United States   | Bankruptcy Court for the:  | NORTHERN DISTRICT OF  | ILLINOIS                            |  |                                    |  |
| Case number   |  |   |                                     |  |                                    |  |
| (if known)  |  |   |                                     |  |                                    | Check if this is an                                |
|   |  |   |                                     |  | ;                                  | amended filing                                     |
| 000 1 1 5   | 4005/5   |   |                                     |  |                                    |  |
|   | orm 106E/F   |   | _                                   |  |                                    | _  |
| Schedule  | E/F: Creditors Wh  | no Have Unsecure  | d Claims                            |  |                                    | 12/15  |
| Schedule G: Ex<br>Schedule D: Cro<br>left. Attach the on<br>name and case | contracts or unexpired leases the<br>ecutory Contracts and Unexpired<br>editors Who Have Claims Secure<br>Continuation Page to this page<br>number (if known). | ed Leases (Official Form 106G)<br>red by Property. If more space i<br>If you have no information to | . Do not include<br>is needed, copy | any creditors with partially the Part you need, fill it ou | y secured claim<br>t, number the e | s that are listed in<br>ntries in the boxes on the |
|   | ditors have priority unsecured   |   |                                     |  |                                    |  |
|   |  | ciainis against you :   |                                     |  |                                    |  |
| ■ No. Go  | to Part 2.   |   |                                     |  |                                    |  |
| Yes.  | 4 All of Vous NONDDIODITY  | Umanasumad Claima   |                                     |  |                                    |  |
|   | t All of Your NONPRIORITY  |   |                                     |  |                                    |  |
| 3. Do any cre   | ditors have nonpriority unsecu   | red claims against you?   |                                     |  |                                    |  |
| ☐ No. You   | have nothing to report in this par   | t. Submit this form to the court wi   | th your other sch                   | edules.  |                                    |  |
| Yes.  |  |   |                                     |  |                                    |  |
| unsecured   | your nonpriority unsecured clai<br>claim, list the creditor separately<br>editor holds a particular claim, lis   | or each claim. For each claim list  | ed, identify what                   | type of claim it is. Do not list                           | claims already in                  | cluded in Part 1. If more                          |
|   |  |   |                                     |  |                                    | Total claim  |
| 4.1 Capi  | tal One  | Last 4 digits of a  | ccount number                       | 1095   |                                    | \$184.00   |
| Nonpri<br>Atter   | ority Creditor's Name<br>ntion: Bankruptcy Depa  |   |                                     |  |                                    |  |
|   | Box 85167  |   |                                     |  |                                    |  |
|   | mond, VA 23285-5167<br>er Street City State Zlp Code   | Δs of the date vo   | u file the claim                    | is: Check all that apply                                   |                                    |  |
|   | ncurred the debt? Check one.   | no or the date yo   | a mo, mo oram                       | io. Officer all that apply                                 |                                    |  |
| ■ <sub>De</sub>   | btor 1 only  | ☐ Contingent  |                                     |  |                                    |  |
| ☐ De  | btor 2 only  | ☐ Unliquidated  |                                     |  |                                    |  |
|   | btor 1 and Debtor 2 only   | ☐ Disputed  |                                     |  |                                    |  |
|   | least one of the debtors and anot  | ·   | ORITY unsecure                      | d claim:   |                                    |  |
|   | eck if this claim is for a comm  |   |                                     |  |                                    |  |
| debt  |  |   | sing out of a sepa                  | aration agreement or divorce                               | that you did not                   |  |
| Is the  | claim subject to offset?   | report as priority of   | laims                               |  |                                    |  |
| ■ No  |  |   |                                     | ng plans, and other similar de                             | ebts                               |  |
| ☐ Ye  | S  | Other. Specify  | Credit card                         | l purchases  |                                    | _  |
|   |  |   |                                     |  |                                    |  |

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Debtor 1 Michael J Hosey Case number (if know) \$287.00 4.2 Comcast Last 4 digits of account number Nonpriority Creditor's Name PO Box 3002 When was the debt incurred? Southeastern, PA 19398-3002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Utility service ☐ Yes 4.3 **Credit Acceptance Corporation** Last 4 digits of account number \$7,916.86 Nonpriority Creditor's Name 25505 West Twelve Mile Road When was the debt incurred? Southfield, MI 48037 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No 13-M1-164256 ☐ Yes Other. Specify Auto loan deficiency 4.4 Franciscan Alliance Last 4 digits of account number 0648 \$20.00 Nonpriority Creditor's Name 28044 Network Place When was the debt incurred? Chicago, IL 60673-1280 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical bill for Debtor(s)' dependent(s) ☐ Yes

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| Debtor            | 1 Michael J Hosey  | Case number (if know)   |                      |  |  |  |  |
|-------------------|--|---|----------------------|--|--|--|--|
| 4.5               | Franciscan Alliance Nonpriority Creditor's Name                      | Last 4 digits of account number 8439  | \$40.00              |  |  |  |  |
|                   | 28044 Network Place<br>Chicago, IL 60673-1280                        | When was the debt incurred?   |                      |  |  |  |  |
|                   | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |                      |  |  |  |  |
|                   | Who incurred the debt? Check one.                                    |   |                      |  |  |  |  |
|                   | Debtor 1 only  | ☐ Contingent  |                      |  |  |  |  |
|                   | ☐ Debtor 2 only  | ☐ Unliquidated  |                      |  |  |  |  |
|                   | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                      |  |  |  |  |
|                   | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim: ☐ Student loans  |                      |  |  |  |  |
|                   | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not   |                      |  |  |  |  |
|                   | Is the claim subject to offset?                                      | report as priority claims   |                      |  |  |  |  |
|                   | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |                      |  |  |  |  |
|                   | Yes  | ■ Other. Specify Medical bill for Debtor(s)' dependent(s)   |                      |  |  |  |  |
| 4.6               | MCSI Inc.  | Last 4 digits of account number   | \$200.00             |  |  |  |  |
|                   | Nonpriority Creditor's Name PO Box 327                               | When was the debt incurred?   |                      |  |  |  |  |
|                   | Palos Heights, IL 60463  |   |                      |  |  |  |  |
|                   | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                      |  |  |  |  |
|                   | ■ Debtor 1 only  | ☐ Contingent  |                      |  |  |  |  |
|                   | Debtor 2 only  | ☐ Unliquidated  |                      |  |  |  |  |
|                   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                      |  |  |  |  |
|                   | ☐ At least one of the debtors and another                            | d another Type of NONPRIORITY unsecured claim:  |                      |  |  |  |  |
|                   | ☐ Check if this claim is for a community                             | ☐ Student loans   |                      |  |  |  |  |
|                   | debt Is the claim subject to offset?                                 | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                      |  |  |  |  |
|                   | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |                      |  |  |  |  |
|                   | Yes  | ■ Other. Specify City of Chicago Heights retail debt  |                      |  |  |  |  |
| 4.7               | Sprint   | Last 4 digits of account number   | \$97.24              |  |  |  |  |
|                   | Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 8077       | When was the debt incurred?   |                      |  |  |  |  |
|                   | London, KY 40742   |   |                      |  |  |  |  |
|                   | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |                      |  |  |  |  |
|                   | ■ Debtor 1 only  | ☐ Contingent  |                      |  |  |  |  |
|                   | Debtor 2 only  | ☐ Unliquidated  |                      |  |  |  |  |
|                   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                      |  |  |  |  |
|                   | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |                      |  |  |  |  |
|                   | ☐ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not   |                      |  |  |  |  |
|                   | Is the claim subject to offset?                                      | report as priority claims   |                      |  |  |  |  |
|                   | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |                      |  |  |  |  |
|                   | Yes  | ■ Other. Specify Utility service  |                      |  |  |  |  |
| Part 3:           |  | •   |                      |  |  |  |  |
| is tryi<br>have i | ng to collect from you for a debt you owe to                         | I about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if someone else, list the original creditor in Parts 1 or 2, then list the collection agency her nat you listed in Parts 1 or 2, list the additional creditors here. If you do not have addition or submit this page. | e. Similarly, if you |  |  |  |  |
| Name a Capita     | nd Address<br>al One   | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  |                      |  |  |  |  |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1 Michael J Hosey                             |                                    | Case number (if know)                                 |  |  |
|--|------------------------------------|---|--|--|
| P.O. Box 30285<br>Salt Lake City, UT 84130-0285      | Last 4 digits of account number    | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 | did you list the original creditor?                   |  |  |
| Department of Human Servicea                         | Line 4.3 of (Check one):           | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |
| 100 S. Grand Avenue East<br>Attn: Payroll-Ludeman    |                                    | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
| Springfield, IL 62703                                | Last 4 digits of account number    |   |  |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 |   |  |  |
| North Shore Agency                                   | Line 4.7 of (Check one):           | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |
| 270 Spagnoli Road<br>Suite 110<br>Melville, NY 11747 |                                    | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
| mervine, ivi 11747                                   | Last 4 digits of account number    |   |  |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 | did you list the original creditor?                   |  |  |
| North Shore Agency, Inc.                             | Line 4.7 of (Check one):           | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |
| 751 Summa Avenue<br>Westbury, NY 11590               |                                    | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |
| Westbury, WT 11000                                   | Last 4 digits of account number    |   |  |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 | did you list the original creditor?                   |  |  |
| Shindler & Joyce                                     | Line 4.3 of (Check one):           | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |
| 1900 East Algonquin Road<br>Suite 180                |                                    | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
| Schaumburg, IL 60173                                 |                                    |   |  |  |
|  | Last 4 digits of account number    |   |  |  |
| Name and Address                                     | On which entry in Part 1 or Part 2 | · <u> </u>  |  |  |
| Stellar Recovery                                     | Line <b>4.2</b> of (Check one):    | Part 1: Creditors with Priority Unsecured Claims      |  |  |
| 1845 US Highway 93 South<br>Kalispell, MT 59901      |                                    | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
| p 7  | Last 4 digits of account number    |   |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|     |   |  | Т   | otal Claim  |
|-----|---|--|---|---|
| 6a. | Domestic support obligations  | 6a.  | \$  | 0.00  |
|     |   |  |   |   |
| 6b. | Taxes and certain other debts you owe the government                              | 6b.  | \$  | 0.00  |
| 6c. | Claims for death or personal injury while you were intoxicated                    | 6c.  | \$  | 0.00  |
| 6d. | <b>Other.</b> Add all other priority unsecured claims. Write that amount here.    | 6d.  | \$  | 0.00  |
| 6e. | Total Priority. Add lines 6a through 6d.  | 6e.  | \$  | 0.00  |
|     |   |  | Т   | otal Claim  |
| 6f. | Student loans   | 6f.  | \$  | 0.00  |
| _   |   |  |   |   |
| 6g. |   | 6g.  | \$  | 0.00  |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h.  | \$  | 0.00  |
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i.  | \$  | 8,745.10  |
| 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j.  | \$  | 8,745.10  |
|     | 6b.<br>6c.<br>6d.<br>6e.<br>6f.<br>6g.<br>6h.                                     | <ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul> | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. 6d. 6d. 6d. 6e. | 6a. \$  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. \$  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ |

|                     |                          |                   | $\frac{111}{11}$ $\frac{11}{11}$ $\frac{11}{11}$ $\frac{11}{11}$ $\frac{11}{11}$ $\frac{11}{11}$ |  |
|---------------------|--------------------------|-------------------|--|--|
| Fill in this infor  | mation to identify your  | case:             |  |  |
| Debtor 1            | Michael J Hosey          |                   |  |  |
|                     | First Name               | Middle Name       | Last Name  |  |
| Debtor 2            |                          |                   |  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name  |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS  |  |
| Case number         |                          |                   |  |  |
| (if known)          |                          | <del></del> -     |  |  |
|                     |                          |                   |  |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the cr, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.5 | Oity      |              | Otale   | Zii Code          |   |
| 2.5 |           |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | <u> </u>                                |
|     |           |              |   |                   |   |

|                                 |  | Docume                        | ent Page 25 d             | )T 5O                                     |  |
|---------------------------------|--|-------------------------------|---------------------------|---|--|
| Fill in this in                 | nformation to identify your                                      |                               |                           |   |  |
| Debtor 1                        | Michael J Hosey  |                               |                           |   |  |
|                                 | First Name   | Middle Name                   | Last Name                 |   |  |
| Debtor 2<br>(Spouse if, filing) | ) First Name   | Middle Name                   | Last Name                 |   |  |
| United State                    | es Bankruptcy Court for the:                                     | NORTHERN DISTRICT             | OF ILLINOIS               |   |  |
| Office Otate                    | S Barikraptoy Court for the.                                     | - NOITHERN BIOTHO             | OI ILLIIVOIO              |   |  |
| Case number                     | er   |                               |                           |   | ☐ Check if this is an  |
|                                 |  |                               |                           |   | amended filing   |
| Ott: -: -1                      | Farma 40011  |                               |                           |   |  |
|                                 | Form 106H  | •                             |                           |   |  |
| Schedu                          | ıle H: Your Cod  | ebtors                        |                           |   | 12/15  |
| ■ No                            | ou have any codebtors? (If                                       | you are filing a joint case,  | do not list either spouse | as a codebtor.                            |  |
| ☐ Yes                           |  |                               |                           |   |  |
|                                 | n the last 8 years, have you, California, Idaho, Louisiana       |                               |                           |   | tates and territories include  |
| ■ No. G                         | So to line 3.  |                               |                           |   |  |
| ☐ Yes.                          | Did your spouse, former spo                                      | use, or legal equivalent live | e with you at the time?   |   |  |
|                                 |  |                               |                           |   |  |
| in line 2                       | 2 again as a codebtor only i<br>06D), Schedule E/F (Official     | f that person is a guaran     | tor or cosigner. Make     | sure you have listed the                  | vith you. List the person shown<br>creditor on Schedule D (Official<br>hedule E/F, or Schedule G to fill |
|                                 | olumn 1: Your codebtor<br>ime, Number, Street, City, State and Z | P Code                        |                           | Column 2: The credit                      | tor to whom you owe the debt hat apply:  |
| 3.1                             |  |                               |                           | ☐ Schedule D. line                        |  |
|                                 | ame  |                               |                           | ☐ Schedule E/F, line                      | · <del></del>  |
|                                 |  |                               |                           | ☐ Schedule G, line                        |  |
|                                 | umber Street   |                               |                           | _   |  |
| Ci                              | ty   | State                         | ZIP Code                  |   |  |
| 3.2                             |  |                               |                           | Cohodulo D. Sa                            |  |
|                                 | ame  |                               |                           | _ ☐ Schedule D, line ☐ Schedule E/F, line |  |
|                                 |  |                               |                           | ☐ Schedule G, line                        | ·  |
| Nu                              | umber Street   |                               |                           | _   |  |
| Ci                              |  | State                         | ZIP Code                  |   |  |

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| Fill        | in this information to identify your  | case:  |                                   |              |       |                 |                 |  |           |              |       |
|-------------|---|--|-----------------------------------|--------------|-------|-----------------|-----------------|--|-----------|--------------|-------|
| Del         | otor 1 Michael J H  | Hosey  |                                   |              |       |                 |                 |  |           |              |       |
|             | otor 2<br>nuse, if filing)  |  |                                   |              | _     |                 |                 |  |           |              |       |
| Uni         | ted States Bankruptcy Court for th  | e: NORTHERN DISTRIC                                      | CT OF ILLINOIS                    |              | _     |                 |                 |  |           |              |       |
| (If kr      | se number   |  | -                                 |              |       |                 | mende<br>ppleme | d filing<br>nt showing<br>as of the fo |           |              | oter  |
|             | fficial Form 106l   |  |                                   |              |       | MM /            | / DD/ Y         | YYY                                    |           |              |       |
| S           | chedule I: Your Ind   | come   |                                   |              |       |                 |                 |  |           |              | 12/15 |
| spo<br>atta | plying correct information. If youse. If you are separated and you has separate sheet to this form  The Describe Employment | our spouse is not filing w<br>. On the top of any additi | ith you, do not inclu             | ıde inforı   | nati  | on about yo     | ur spo          | use. If mo                             | re spac   | e is need    | ed,   |
| 1.          | Fill in your employment information.  |  | Debtor 1                          |              |       | De              | ebtor 2         | or non-fil                             | ing spo   | use          |       |
|             | If you have more than one job,  | Employment status  | ■ Employed                        |              |       |                 | l Emplo         | yed                                    |           |              |       |
|             | attach a separate page with information about additional  | Employment status  | ☐ Not employed                    |              |       |                 | Not en          | nployed                                |           |              |       |
|             | employers.  | Occupation   | Mental Health 7                   | Technici     | an    |                 |                 |  |           |              |       |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name  | Department of                     | Human        | Serv  | vices           |                 |  |           |              |       |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address                                       | 114 North Orch<br>Richton Park, I |              | ⁄e    |                 |                 |  |           |              |       |
|             |   | How long employed t                                      | here? 16 yea                      | rs           |       |                 | _               |  |           |              |       |
| Par         | t 2: Give Details About Mo  | onthly Income  |                                   |              |       |                 |                 |  |           |              |       |
|             | mate monthly income as of the use unless you are separated.   | date you file this form. If                              | you have nothing to ı             | eport for    | any   | line, write \$0 | ) in the        | space. Incl                            | lude you  | ır non-filin | g     |
| ,           | u or your non-filing spouse have n<br>e space, attach a separate sheet t  | . , ,  | ombine the information            | on for all e | emplo | oyers for tha   | t persoi        | n on the lin                           | ies belov | w. If you n  | eed   |
|             |   |  |                                   |              |       | For Debtor      | r 1             | For Deb                                |           |              |       |
| 2.          | List monthly gross wages, sal deductions). If not paid monthly  |  |                                   | 2.           | \$    | 5,76            | 4.00            | \$                                     | ı         | N/A          |       |
| 3.          | Estimate and list monthly over  | rtime pay.   |                                   | 3.           | +\$   |                 | 0.00            | +\$                                    | ı         | N/A          |       |

5,764.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1                      | Michael J Hosey   | -         | C        | Case r      | number (if kn | own)       |         |                    |                     |                   |
|-----|----------------------------|---|-----------|----------|-------------|---------------|------------|---------|--------------------|---------------------|-------------------|
|     |                            |   |           |          | For         | Debtor 1      |            |         | Debtor<br>filing s | 2 or spouse         |                   |
|     | Cop                        | by line 4 here  | 4.        | -        | \$          | 5,764         | .00        | \$      |                    | N/A                 | \                 |
| 5.  | Lice                       | all payroll deductions:   |           |          | -           |               |            |         |                    |                     | _                 |
| J.  | 5a.                        | Tax, Medicare, and Social Security deductions   | 5a        |          | \$          | 1,600         | 00         | \$      |                    | N/A                 |                   |
|     | 5b.                        | Mandatory contributions for retirement plans  | 5b        |          | <b>\$</b> — | 240           |            | \$—     |                    | N/A                 | _                 |
|     | 5c.                        | Voluntary contributions for retirement plans  | 50        |          | <u>\$</u> — |               | .00        | \$      |                    | N/A                 | _                 |
|     | 5d.                        | Required repayments of retirement fund loans  | 50        |          | \$          |               | .00        | \$      |                    | N/A                 | _                 |
|     | 5e.                        | Insurance   | 5e        | €.       | \$          | 262           |            | \$      |                    | N/A                 | <u> </u>          |
|     | 5f.                        | Domestic support obligations  | 5f        |          | \$          | 1,386         | .00        | \$      |                    | N/A                 | <u> </u>          |
|     | 5g.                        | Union dues  | 50        |          | \$          | 80            | .00        | \$      |                    | N/A                 |                   |
|     | 5h.                        | Other deductions. Specify:  | _ 5h      | 1.+      | \$          | 0             | .00        | + \$    |                    | N/A                 | <u>\</u>          |
| 6.  | Add                        | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |          | \$          | 3,568         | .00        | \$      |                    | N/A                 | <u>\</u>          |
| 7.  | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        |          | \$          | 2,196         | .00        | \$      |                    | N/A                 | <u>\</u>          |
| 8.  | List<br>8a.                | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a        | а.       | \$          | 0             | .00        | \$      |                    | N/A                 |                   |
|     | 8b.                        | Interest and dividends  | 8b        | ٥.       | \$          | 0             | .00        | \$      |                    | N/A                 | <u> </u>          |
|     | 8c.<br>8d.                 | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation   | 8c<br>8c  |          | \$          |               | .00<br>.00 | \$      |                    | N/A<br>N/A          |                   |
|     | 8e.                        | Social Security   | 86        |          | <b>\$</b> — |               | .00        | \$<br>— |                    | N/A                 |                   |
|     | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | e<br>8f   | :        | \$          | 0             | .00        | \$      |                    | N/A                 | <u> </u>          |
|     | 8g.                        | Pension or retirement income  | 80        | _        | \$          |               | .00        | \$      |                    | N/A                 |                   |
|     | 8h.                        | Other monthly income. Specify:  | _ 8r<br>_ | 1.+      | \$          | 0             | .00        | + \$    |                    | N/A                 | <u>\</u>          |
| 9.  | Add                        | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$       | §           | 0             | .00        | \$      |                    | N/                  | Α                 |
| 10  | Cal                        | culate monthly income. Add line 7 + line 9.   | 10.       | \$       |             | 2,196.00      | + \$       |         | N/A                | = \$                | 2,196.00          |
|     |                            | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |           | <u> </u> |             | 2,130.00      | .          |         | 11//               |                     | 2,130.00          |
| 11. | Star<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:      | depe      |          |             | •             |            |         |                    | e <i>J</i> .<br>+\$ | 0.00              |
| 12. |                            | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies   |           |          |             |               |            |         | 12.                | \$                  | 2,196.00          |
| 13. | Do                         | you expect an increase or decrease within the year after you file this form   | ?         |          |             |               |            |         | ,                  | Combi<br>month      | ined<br>ly income |
|     |                            | No  |           |          |             |               |            |         |                    |                     |                   |
|     |                            | Voc Explain:  |           |          |             |               |            |         |                    |                     |                   |

|                     |   |   |                                      |   |  | _            |                   |                               |
|---------------------|---|---|--------------------------------------|---|--|--------------|-------------------|-------------------------------|
| Fill                | in this informat                                  | ion to identify yo                                    | our case:                            |   |  |              |                   |                               |
| Deb                 | tor 1   | Michael J Ho  | sev                                  |   |  | Che          | eck if this is:   |                               |
|                     |   |   | ,                                    |   |  |              | An amended filing |                               |
|                     | tor 2   |   |                                      |   |  |              |                   | ving postpetition chapter     |
| (Spc                | ouse, if filing)                                  |   |                                      |   |  |              | 13 expenses as of | the following date:           |
| Unite               | ed States Bankru                                  | uptcy Court for the                                   | : NORTH                              | IERN DISTRICT OF ILLIN                                      | OIS                                    |              | MM / DD / YYYY    |                               |
| 1                   | e number  |   |                                      |   |  |              |                   |                               |
| (If kr              | nown)   |   |                                      |   |  |              |                   |                               |
| Of                  | fficial Fo  | rm 106J   |                                      |   |  |              |                   |                               |
| Sc                  | chedule   | J: Your   | Exper                                | ises  |  |              |                   | 12/1                          |
| Be a<br>info<br>nun | as complete a<br>ormation. If mo<br>nber (if know | nnd accurate as<br>ore space is ne<br>n). Answer evel | possible<br>eded, atta<br>ry questio | . If two married people ar<br>ch another sheet to this      |  |              |                   |                               |
| Part                | t 1: Descri                                       | ibe Your House  | hold                                 |   |  |              |                   |                               |
| 1.                  | _   |   |                                      |   |  |              |                   |                               |
|                     | ■ No. Go to                                       |   | in a conar                           | ate household?  |  |              |                   |                               |
|                     |   |   | iii a sepai                          | ate nousenoiu:  |  |              |                   |                               |
|                     |   |   | et file Offici                       | al Form 106J-2, Expenses                                    | s for Sanarata House                   | ahold of Del | htor 2            |                               |
|                     |   |   | or file Office                       | arr omi 1000-2, <i>Expenses</i>                             | Tor Ocparate Floase                    | onoid of DC  | DIOI 2.           |                               |
| 2.                  | Do you have                                       | dependents?   | ☐ No                                 |   |  |              |                   |                               |
|                     | Do not list De<br>Debtor 2.                       | ebtor 1 and   | ■ Yes.                               | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto |              | Dependent's age   | Does dependent live with you? |
|                     | Do not state                                      | the   |                                      |   |  |              |                   | ■ No                          |
|                     | dependents r                                      | names.  |                                      |   | Son                                    |              | 13                | ☐ Yes                         |
|                     |   |   |                                      |   |  |              |                   | ■ No                          |
|                     |   |   |                                      |   | Daughter                               |              | 14                | Yes                           |
|                     |   |   |                                      |   |  |              | 40                | □ No                          |
|                     |   |   |                                      |   | Son                                    |              | 18                | Yes                           |
|                     |   |   |                                      |   |  |              |                   | □ No<br>□ Yes                 |
| 3.                  | Do vour exp                                       | enses include   | _                                    | NI.   |  |              |                   | □ Yes                         |
| 0.                  | expenses of                                       | people other to<br>your depende                       | han $_{\square}$                     | No<br>Yes   |  |              |                   |                               |
|                     |   | ate Your Ongoi  |                                      | <del>, ,</del>  |  |              |                   |                               |
| exp                 |   |   |                                      | uptcy filing date unless y<br>y is filed. If this is a supp |  |              |                   |                               |
| Incl<br>the         | lude expenses                                     | s paid for with i                                     | non-cash<br>d have inc               | government assistance i                                     | f you know<br>Your Income              |              |                   |                               |
| (Off                | ficial Form 10                                    | 61.)  |                                      |   |  | -            | Your exp          | enses                         |
| 4.                  |   | r home owners<br>d any rent for the                   |                                      | ses for your residence. I                                   | nclude first mortgag                   | e<br>4.      | \$                | 600.00                        |
|                     | If not include                                    | ed in line 4:   |                                      |   |  |              |                   |                               |
|                     | 4a. Real e  | state taxes   |                                      |   |  | 4a.          | \$                | 0.00                          |
|                     |   | state taxes<br>'ty, homeowner's                       | s, or renter                         | 's insurance  |  | 4a.<br>4b.   | ·                 | 0.00                          |
|                     | •   | •   |                                      | ıpkeep expenses   |  | 4c.          |                   | 10.00                         |
|                     |   | owner's associat                                      |                                      |   |  | 4d.          | ·                 | 0.00                          |
| 5.                  | Additional n                                      | ortgage payme   | ents for vo                          | our residence, such as ho                                   | me equity loans                        | 5.           | S                 | 0.00                          |

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| Debtor 1       | Michael           | J Hosey   | Case num                      | nber (if known) |   |
|----------------|-------------------|---|-------------------------------|-----------------|---|
| 6. <b>Uti</b>  | lities:           |   |                               |                 |   |
| 6a.            | Electricity       | heat, natural gas   | 6a.                           | . \$            | 100.00                                  |
| 6b.            | Water, sev        | ver, garbage collection   | 6b.                           | \$              | 0.00                                    |
| 6c.            | Telephone         | e, cell phone, Internet, satellite, and cable services                  | 6c.                           | . \$            | 150.00                                  |
| 6d.            | Other. Spe        | ecify:  | 6d.                           | . \$            | 0.00                                    |
| 7. <b>Fo</b>   | od and hous       | ekeeping supplies   | 7.                            | . \$            | 550.00                                  |
| . Ch           | ildcare and o     | hildren's education costs   | 8.                            | . \$            | 0.00                                    |
| . Clo          | thing, laund      | ry, and dry cleaning  | 9.                            | \$              | 25.00                                   |
| 0. <b>Pe</b> i | rsonal care p     | roducts and services  | 10.                           | . \$            | 20.00                                   |
| 1. <b>Me</b>   | dical and de      | ntal expenses   | 11.                           | \$              | 75.00                                   |
|                |                   | Include gas, maintenance, bus or train fare.                            |                               |                 |   |
|                | not include c     |   | 12.                           | . \$            | 200.00                                  |
| 3. <b>En</b> t | tertainment,      | clubs, recreation, newspapers, magazines, and                           | books 13.                     | \$              | 20.00                                   |
| 4. Ch          | aritable cont     | ributions and religious donations                                       | 14.                           | \$              | 0.00                                    |
|                | urance.           |   |                               |                 |   |
| Do             | not include in    | surance deducted from your pay or included in line                      | s 4 or 20.                    |                 |   |
|                | a. Life insura    |   | 15a.                          | ·               | 0.00                                    |
|                | o. Health ins     |   | 15b.                          |                 | 0.00                                    |
| 150            | c. Vehicle in     | surance   | 15c.                          | . \$            | 67.00                                   |
| 150            | d. Other insu     | rance. Specify:   | 15d.                          | . \$            | 0.00                                    |
|                |                   | clude taxes deducted from your pay or included in                       |                               |                 |   |
|                | ecify:            |   | 16.                           | . \$            | 0.00                                    |
|                |                   | ease payments:  | 47-                           | Φ.              |   |
|                |                   | ents for Vehicle 1  | 17a.                          | ·               | 0.00                                    |
|                |                   | ents for Vehicle 2  | 17b.                          | ·               | 0.00                                    |
|                | c. Other. Spe     | -   |                               | ·               | 0.00                                    |
|                | d. Other. Spe     |   | 17d.                          | . \$            | 0.00                                    |
| . Yo           | ur payments       | of alimony, maintenance, and support that you                           | did not report as             | \$              | 0.00                                    |
|                |                   | your pay on line 5, Schedule I, Your Income (Off                        | 101ai i 01111 1001 <i>)</i> . | ·               |   |
|                |                   | s you make to support others who do not live w                          | •                             | \$              | 0.00                                    |
|                | ecify:            | erty expenses not included in lines 4 or 5 of this                      | 19.                           |                 |   |
|                |                   | s on other property   | 20a.                          |                 | 0.00                                    |
|                | o. Real estat     |   | 20a.<br>20b.                  | · ·             | 0.00                                    |
|                |                   | nomeowner's, or renter's insurance                                      | 20c.                          | ·               | 0.00                                    |
|                |                   | •   | 20d.                          | · -             |   |
|                |                   | ce, repair, and upkeep expenses<br>er's association or condominium dues |                               | ·               | 0.00                                    |
|                |                   | er's association or condominium dues                                    | 20e.                          | ·               | 0.00                                    |
| . Oth          | ner: Specify:     |   | 21.                           | +\$             | 0.00                                    |
| . Cal          | culate your       | monthly expenses  |                               |                 |   |
| 228            | a. Add lines 4    | through 21.   |                               | \$              | 1,817.00                                |
| 22t            | o. Copy line 2    | 2 (monthly expenses for Debtor 2), if any, from Office                  | cial Form 106J-2              | \$              | , |
|                |                   | a and 22b. The result is your monthly expenses.                         |                               | \$              | 1,817.00                                |
| (              |                   |   |                               |                 | 1,017.00                                |
|                | •                 | monthly net income.   |                               | ·               |   |
|                |                   | 12 (your combined monthly income) from Schedule                         |                               |                 | 2,196.00                                |
| 23b            | o. Copy your      | monthly expenses from line 22c above.                                   | 23b.                          | -\$             | 1,817.00                                |
| 230            | Subtract v        | our monthly expenses from your monthly income.                          |                               |                 |   |
| 230            |                   | is your <i>monthly net income</i> .                                     | 23c.                          | \$              | 379.00                                  |
|                |                   | an increase or decrease in your expenses within                         |                               |                 | ase or decrease because of a            |
| mod            | dification to the | terms of your mortgage?   |                               |                 |   |
|                | No.               |   |                               |                 |   |
|                | Yes.              | Explain here:   |                               |                 |   |

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| Fill in this infor              | mation to identify your                           | case:                    |             |                   |                       |  |
|---------------------------------|---|--------------------------|-------------|-------------------|-----------------------|--|
| Debtor 1                        | Michael J Hosey                                   |                          |             |                   |                       |  |
|                                 | First Name  | Middle Name              | La          | st Name           |                       |  |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name              | La          | st Name           |                       |  |
|                                 | ankruptcy Court for the:                          | NORTHERN DISTRICT        |             |                   |                       |  |
| Officed States Da               | ankruptcy Court for the.                          | NORTHERN DISTRIC         | I OF ILLING | 10                |                       |  |
| Case number                     |   |                          |             |                   |                       | ☐ Check if this is an amended filing                                       |
| Official Form                   |   | ın Individual            | l Daht      | or's Sch          | adulas                | 12/1:  |
|                                 |   |                          |             |                   |                       |  |
| Sig                             | n Below   |                          |             |                   |                       |  |
| Did you pa                      | y or agree to pay some                            | one who is NOT an atto   | rney to hel | you fill out banl | kruptcy forms?        |  |
| ■ No                            |   |                          |             |                   |                       |  |
| ☐ Yes. I                        | Name of person                                    |                          |             |                   |                       | kruptcy Petition Preparer's Notice,<br>, and Signature (Official Form 119) |
|                                 | alty of perjury, I declare<br>e true and correct. | that I have read the sum | nmary and   | schedules filed w | rith this declaration | on and   |
| X /s/ Mic                       | hael J Hosey                                      |                          | х           |                   |                       |  |
| Michae                          | el J Hosey<br>ire of Debtor 1                     |                          |             | Signature of Del  | btor 2                |  |
| Date                            | April 28, 2016                                    |                          |             | Date              |                       |  |

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| 311        | I in this infor  | rmation to identify you                       | r case:  |  |  |   |
|------------|--|---|--|--|--|---|
|            |  |   |  |  |  |   |
| ре         | btor 1   | Michael J Hose                                | Middle Name  | Last Name  |  |   |
| 1          | btor 2   | <del></del>                                   |  |  |  |   |
| (Spo       | ouse if, filing)   | First Name                                    | Middle Name  | Last Name  |  |   |
| Un         | ited States Ba   | ankruptcy Court for the:                      | NORTHERN DISTRICT                                      | OF ILLINOIS  |  |   |
|            | se number<br>nown)   |   |  |  |  | Check if this is an amended filing                    |
|            |  | orm 107<br>t of Financial                     | Affairs for Indiv                                      | iduals Filing for I  | <b>Bankruptcy</b>                          | 4/1   |
| info       | ormation. If in the state of th | more space is needed<br>vn). Answer every que | , attach a separate sheet t<br>stion.                  | e are filing together, both ar<br>o this form. On the top of a                                       |  |   |
|            |  |   | arital Status and Where Yo                             | ou Lived Before  |  |   |
| 1.         | wnat is you  | ur current marital stat                       | us?  |  |  |   |
|            | ☐ Marrie   | d   |  |  |  |   |
|            | Not ma   | arried  |  |  |  |   |
| 2.         | During the   | last 3 years, have you                        | lived anywhere other than                              | n where you live now?  |  |   |
|            |  |   |  |  |  |   |
|            | □ No   | iot all of the places you                     | lived in the last 2 years. De                          | not include where you live no  |  |   |
|            | ■ 168. L   | ist all of the places you                     | iived iii tile last 3 years. Do                        | not include where you live no  | w.   |   |
|            | Debtor 1 P   | Prior Address:                                | Dates Debtor lived there                               | 1 Debtor 2 Prior A   | ddress:                                    | Dates Debtor 2<br>lived there                         |
|            | 108 Willo<br>Matteson  | w Road<br>ı, IL 60443-1000                    | From-To:<br>Moved out in<br>2015 due to<br>foreclosure | ☐ Same as Debtor   | · 1  | ☐ Same as Debtor 1<br>From-To:                        |
| 3.<br>stat | es and territo  ■ No □ Yes. N  | ories include Arizona, Ca                     | alifornia, Idaho, Louisiana, N                         | egal equivalent in a commu<br>levada, New Mexico, Puerto I<br>Official Form 106H).                   |  |   |
|            |  |   |  | ing a business during this   | your or the two mendance                   | alandar vaara?  |
| 4.         | Fill in the to   | tal amount of income yo                       | ou received from all jobs and                          | ing a business during this y<br>d all businesses, including par<br>ive together, list it only once u | rt-time activities.                        | alendar years?  |
|            | □ No   |   |  |  |  |   |
|            | Yes. F   | ill in the details.                           |  |  |  |   |
|            |  |   | Debtor 1   |  | Debtor 2                                   |   |
|            |  |   | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |

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|      |                          |                                 |  | Debtor 1  |  | Debtor 2                           |               |   |
|------|--------------------------|---------------------------------|--|---|--|------------------------------------|---------------|---|
|      |                          |                                 |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of inc<br>Check all that a |               | Gross income<br>(before deductions<br>and exclusions) |
|      |                          | / 1 of curre<br>iled for bai    | nt year until<br>nkruptcy:                   | ■ Wages, commissions, bonuses, tips   | \$17,302.00  | ☐ Wages, combonuses, tips          | missions,     |   |
|      |                          |                                 |  | ☐ Operating a business  |  | ☐ Operating a                      | business      |   |
|      | last calen<br>nuary 1 to | dar year:<br>December           | 31, 2015 )                                   | ■ Wages, commissions, bonuses, tips   | \$67,003.00  | ☐ Wages, combonuses, tips          | missions,     |   |
|      |                          |                                 |  | ☐ Operating a business  |  | ☐ Operating a                      | business      |   |
|      |                          | dar year be<br>December         |  | ■ Wages, commissions, bonuses, tips   | \$76,468.00  | ☐ Wages, combonuses, tips          | missions,     |   |
|      |                          |                                 |  | ☐ Operating a business  |  | ☐ Operating a                      | business      |   |
|      | ■ No                     | source and t                    | Ü  | me from each source separat   | ely. Do not include income th                                    | nat you listed in lir              | ie 4.         |   |
|      |                          |                                 |  | Debtor 1  |  | Debtor 2                           |               |   |
|      |                          |                                 |  | Sources of income Describe below.   | Gross income from each source (before deductions and exclusions) | Sources of inc<br>Describe below   |               | Gross income<br>(before deductions<br>and exclusions) |
| Part | t 3: List                | : Certain Pa                    | yments You                                   | Made Before You Filed for I   | Bankruptcy   |                                    |               |   |
|      |                          | Debtor 1's Neither Deindividual | or Debtor 2<br>ebtor 1 nor Debrimarily for a | 's debts primarily consumer<br>bebtor 2 has primarily consu<br>personal, family, or househol  | debts?<br>Imer debts. Consumer debts<br>d purpose."              |                                    |               | 1(8) as "incurred by an                               |
|      |                          | During the No.                  | 90 days before 7                             | re you filed for bankruptcy, did  | d you pay any creditor a total                                   | l of \$6,425* or mo                | re?           |   |
|      |                          | □ Yes                           | List below e                                 | . each creditor to whom you paid editor. Do not include paymen payments to an attorney for th | ts for domestic support oblig                                    |                                    |               |   |
|      |                          | * Subject                       |  | t on 4/01/19 and every 3 years  |  | or after the date o                | f adjustment. |   |
|      | Yes.                     |                                 |  | r both have primarily consure you filed for bankruptcy, did                                   |  | l of \$600 or more?                | )             |   |
|      |                          | ■ No.                           | Go to line 7                                 |   |  |                                    |               |   |
|      |                          | □ Yes                           | include pay                                  | each creditor to whom you paid<br>ments for domestic support of<br>this bankruptcy case.      |  |                                    |               |   |
|      | Creditor'                | s Name an                       | d Address                                    | Dates of payme  | nt Total amount  | Amount you                         | Was this p    | ayment for  |

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7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives: any general pathoes: relatives of any general pathoes: partners insider of which you are a general pathoes: correctly pathoes: any general pathoes: correctly pathoes: any general pathoes: correctly pathoes: partners insider.

|     | PO Box 982235<br>El Paso, TX 79998  | Road, Matteson, IL 6  Property was reposse Property was foreclos Property was garnish | 60443<br>essed.<br>sed.  | Ар                         | 21, 2010                                | ψ130,000.00                    |
|-----|---|---|--|----------------------------|---|--------------------------------|
|     | Bank of America   | Explain what happened Single family home  |  | Dai                        | ril 21, 2016                            | \$136,000.00                   |
|     | Yes. Fill in the information below.  Creditor Name and Address  | Describe the Branester  |  | Det                        | to.                                     | Value of the                   |
|     | No. Go to line 11.  |   |  |                            |   |                                |
| 10. | Within 1 year before you filed for bankrupto<br>Check all that apply and fill in the details below  |   | erty repossessed, f  | oreclosed, garı            | nished, attache                         | d, seized, or levied?          |
|     | Bank of America v. Michael Housey<br>et al<br>14 CH 17569   | Foreclosure   | Chancery Cou<br>50 West Washi<br>Chicago, IL 60  | ngton                      | ■ Pending □ On appo □ Conclud           | eal                            |
|     | Credit AcceptanceCorp. v. Michael<br>Hosey<br>13-M1-164256  | Collection  | Circuit Court o<br>County<br>Richard J. Dale<br>50 West Washi<br>Room 602<br>Chicago, IL 600 | ey Center<br>ngton Street, | ■ Pending □ On appo □ Conclud  Wage gar | eal                            |
|     | Case title Case number  | Nature of the case  | Court or agency  |                            | Status of th                            | ne case                        |
|     | ☐ No ☐ Yes. Fill in the details.  | N. Ca   |  |                            | Status of the                           |                                |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes. |   |  |                            |   |                                |
| Pai | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures   |  |                            |   |                                |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid  | Amount you still owe       |   | r this payment<br>ditor's name |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>   |   |  |                            |   |                                |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cos   |   | ments or transfer a  | any property on            | account of a d                          | lebt that benefited an         |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid  | Amount you still owe       |   | this payment                   |
|     | ■ No □ Yes. List all payments to an insider.  | Dates of novement   | Total amount   | A marint vari              | Decem for                               | s ship may magest              |
|     | _   |   |  |                            |   |                                |

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|     | Creditor Name and Address  | Describe the Property  | Date                     | Value of the property |  |  |
|-----|--|--|--------------------------|-----------------------|--|--|
|     |  | Explain what happened  |                          |                       |  |  |
|     | Credit Acceptance Corporation<br>25505 West Twelve Mile Road<br>Southfield, MI 48037   | Money  | April 2016               | Unknown               |  |  |
|     |  | <ul><li>□ Property was repossessed.</li><li>□ Property was foreclosed.</li></ul> |                          |                       |  |  |
|     |  | ■ Property was garnished.  |                          |                       |  |  |
|     |  | ☐ Property was attached, seized or levied.                                       |                          |                       |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details. |  |                          |                       |  |  |
|     | Creditor Name and Address  | Describe the action the creditor took  | Date action was taken    | Amount                |  |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?                                   |  |                          |                       |  |  |
|     | ■ No   |  |                          |                       |  |  |
|     | ☐ Yes  |  |                          |                       |  |  |
| Par | t 5: List Certain Gifts and Contribution   | ns   |                          |                       |  |  |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?   |  |                          |                       |  |  |
|     | No   |  |                          |                       |  |  |
|     | Yes. Fill in the details for each gift.  |  |                          |                       |  |  |
|     | Gifts with a total value of more than \$60 per person  | 00 Describe the gifts  | Dates you gave the gifts | Value                 |  |  |
|     | Person to Whom You Gave the Gift and Address:  | 1  |                          |                       |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  |  |                          |                       |  |  |
|     | Yes. Fill in the details for each gift or contribution.  |  |                          |                       |  |  |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo   | total Describe what you contributed  | Dates you contributed    | Value                 |  |  |
| Don | 4 Complete Company   |  |                          |                       |  |  |
| Par | t 6: List Certain Losses   |  |                          |                       |  |  |
| 15. | Nithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  |  |                          |                       |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                          |                       |  |  |
|     | Describe the property you lost and   | Describe any insurance coverage for the loss                                     | Date of your             | Value of property     |  |  |
|     | how the loss occurred  | Include the amount that insurance has paid. List pending                         | loss                     | lost                  |  |  |
|     |  | insurance claims on line 33 of Schedule A/R: Property                            |                          |                       |  |  |

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| Par | t7: List Certain Payments or Transfers  |   |   |   |                        |  |  |  |
|-----|---|---|---|---|------------------------|--|--|--|
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  |   |   |   |                        |  |  |  |
|     | □ No  |   |   |   |                        |  |  |  |
|     | Yes. Fill in the details.   |   |   |   |                        |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any property transferred   |   | Date payment or transfer was made       | Amount o<br>paymen     |  |  |  |
|     | Urban & Burt, Ltd.<br>5320 West 159th Street, Suite 501<br>Oak Forest, IL 60452   | \$3862 paid pre-petition toward t<br>attorney fee of \$3500, filing fee of<br>and reimbursable expense of \$5 | of \$310  | 2016                                    | \$3,862.00             |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.   |   |   |   |                        |  |  |  |
|     | ■ No  |   |   |   |                        |  |  |  |
|     | ☐ Yes. Fill in the details.   |   |   |   |                        |  |  |  |
|     | Person Who Was Paid<br>Address  | Description and value of any property transferred   |   | Date payment<br>or transfer was<br>made | Amount o<br>paymen     |  |  |  |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |   |   |                        |  |  |  |
|     | No  |   |   |   |                        |  |  |  |
|     | Yes. Fill in the details.   |   |   |   |                        |  |  |  |
|     | Person Who Received Transfer<br>Address   | Description and value of property transferred   | Describe any property or<br>payments received or debt<br>paid in exchange |   | Date transfer was made |  |  |  |
|     | Person's relationship to you  |   |   |   |                        |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No   |   |   |   |                        |  |  |  |
|     | ☐ Yes. Fill in the details.   |   |   |   |                        |  |  |  |
|     | Name of trust   | Description and value of the property transferre  |   | ed                                      | Date Transfer was made |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Instrum  | nents, Safe Deposit Boxes, and Stora  | ge Units  |   |                        |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage   |   |   |   |                        |  |  |  |
|     | nouses, pension funds, cooperatives, associations, and other financial institutions.  |   |   |   |                        |  |  |  |

Last 4 digits of

account number

Type of account or

instrument

Date account was

closed, sold,

moved, or

transferred

Yes. Fill in the details.

Name of Financial Institution and

Address (Number, Street, City, State and ZIP Code)

Last balance

transfer

before closing or

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| 21.  | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |                                      |                       |  |  |  |  |  |
|--|---|--|--------------------------------------|-----------------------|--|--|--|--|--|
|  | ■ No  |  |                                      |                       |  |  |  |  |  |
|  | Yes. Fill in the details.   |  |                                      |                       |  |  |  |  |  |
|  | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had access to it? Address (Number, Street, City, State and ZIP Code)        | Describe the contents                | Do you still have it? |  |  |  |  |  |
| 22.  | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |                                      |                       |  |  |  |  |  |
|  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |  |                                      |                       |  |  |  |  |  |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                | Do you still have it? |  |  |  |  |  |
| Part 9: Identify Property You Hold or Control for Someone Else |   |  |                                      |                       |  |  |  |  |  |
| 23.  | Do you hold or control any property that someo for someone.   | ne else owns? Include any propert  | y you borrowed from, are storing for | , or hold in trust    |  |  |  |  |  |
|  | ■ No  |  |                                      |                       |  |  |  |  |  |
|  | Yes. Fill in the details.   |  |                                      |                       |  |  |  |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                | Value                 |  |  |  |  |  |
| Par  | dive Details About Environmental Information  | ation  |                                      |                       |  |  |  |  |  |
| For  | he purpose of Part 10, the following definitions  | apply:   |                                      |                       |  |  |  |  |  |
|  | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                                      |                       |  |  |  |  |  |
|  | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | -  | aw, whether you now own, operate, c  | or utilize it or used |  |  |  |  |  |
|  | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.   |  |                                      |                       |  |  |  |  |  |
| Rep  | ort all notices, releases, and proceedings that yo  | ou know about, regardless of when  | they occurred.                       |                       |  |  |  |  |  |
| 24.  | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  |  |                                      |                       |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.  |  |                                      |                       |  |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it    | Date of notice        |  |  |  |  |  |
| 25.  | Have you notified any governmental unit of any  | release of hazardous material?   |                                      |                       |  |  |  |  |  |
|  | ■ No  |  |                                      |                       |  |  |  |  |  |
|  | Yes. Fill in the details.   |  |                                      |                       |  |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it    | Date of notice        |  |  |  |  |  |
|  |   |  |                                      |                       |  |  |  |  |  |

Michael J Hosey Case number (if known) Debtor 1 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael J Hosey Michael J Hosey Signature of Debtor 2 Signature of Debtor 1 Date April 28, 2016 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-14462 Doc 1 Filed 04/28/16 Entered 04/28/16 13:32:25 Desc Main Document Page 42 of 50

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re   | Michael J Hosey  |   | Case No.  |                      |                 |
|---------|--|---|---|----------------------|-----------------|
|         | -  | Debtor(s)   | Chapter   | 13                   |                 |
|         | DISCLOSURE OF COMPENSAT  | ION OF ATTOR  | NEY FOR DE  | EBTOR(S)             |                 |
| C       | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the e rendered on behalf of the debtor(s) in contemplation of or in a   | e petition in bankruptcy, o   | or agreed to be paid                                  | to me, for services  |                 |
|         | For legal services, I have agreed to accept  |   | \$  | 3,500.00             |                 |
|         | Prior to the filing of this statement I have received  |   | \$  | 3,500.00             |                 |
|         | Balance Due  |   |   | 0.00                 |                 |
| 2. \$   | <b>310.00</b> of the filing fee has been paid.   |   |   |                      |                 |
| 3. T    | he source of the compensation paid to me was:  |   |   |                      |                 |
|         | ■ Debtor □ Other (specify):  |   |   |                      |                 |
| 4. T    | he source of compensation to be paid to me is:   |   |   |                      |                 |
|         | ■ Debtor □ Other (specify):  |   |   |                      |                 |
| 5.      | I have not agreed to share the above-disclosed compensation  | n with any other person u   | inless they are mem                                   | bers and associates  | of my law firm. |
| [       | I have agreed to share the above-disclosed compensation wi copy of the agreement, together with a list of the names of the   |   |   |                      | y law firm. A   |
| 6. I    | n return for the above-disclosed fee, I have agreed to render leg  | gal service for all aspects   | of the bankruptcy c                                   | ase, including:      |                 |
| b<br>c. | Analysis of the debtor's financial situation, and rendering advanced Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and of [Other provisions as needed]  Negotiations with secured creditors to reduce reaffirmation agreements and applications as a 522(f)(2)(A) for avoidance of liens on househole | of affairs and plan which is<br>confirmation hearing, and<br>to market value; exer<br>needed; preparation a | may be required; d any adjourned hea mption planning; | rings thereof;       | d filing of     |
| 7. B    | y agreement with the debtor(s), the above-disclosed fee does n Representation during adversary proceedings   |   | service:  |                      |                 |
|         | CER  | TIFICATION  |   |                      |                 |
|         | certify that the foregoing is a complete statement of any agreer nkruptcy proceeding.  | nent or arrangement for p   | payment to me for re                                  | epresentation of the | e debtor(s) in  |
| Ap      | oril 28, 2016  | /s/ Edmund G. Urb   |   |                      |                 |
| Da      | te   | Edmund G. Urban Signature of Attorney Urban & Burt, Ltd. 5320 W 159th Stree Suite 501 Oak Forest, IL 604    | et  |                      |                 |

708-687-5200 Fax: 708-687-5278

bk@urbanburt.com
Name of law firm

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - The Debtor and Attorney have entered into an advance payment retainer for a flat fee to cover all work reasonably necessary to complete the case absent any extraordinary circumstances as provided in paragraph 1 above.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
  - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$3,500.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$3,500.00 toward the flat fee, leaving a balance due of \$0.00; and \$362.00 for expenses, leaving a balance due for the filing fee of \$0.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 4-18-16

Signed:

Michael J Hosey

Edmund G. Urban III 6182264

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

**Local Bankruptcy Form 23c** 

## **United States Bankruptcy Court**Northern District of Illinois

|       |   | 1 (01 01101 11 2 1201 100 01 111110 12       |                             |                           |  |
|-------|---|--|-----------------------------|---------------------------|--|
| In re | Michael J Hosey                         |  | Case No.                    |                           |  |
|       |   | Debtor(s)                                    | Chapter                     | 13                        |  |
|       |   |  |                             |                           |  |
|       | `                                       | VERIFICATION OF CREDITOR M                   | ATRIX                       |                           |  |
|       |   | Number of                                    | Creditors:                  | 20                        |  |
|       |   |  |                             |                           |  |
|       | The above-named Debtor (our) knowledge. | r(s) hereby verifies that the list of credit | ors is true and             | correct to the best of my |  |
|       |   |  |                             |                           |  |
| ъ.    | Appl 00 0040                            | (al Michael I I I ann                        |                             |                           |  |
| Date: | April 28, 2016                          | /s/ Michael J Hosey                          | Michael J Hosey             |                           |  |
|       |   | Signature of Debtor                          |                             |                           |  |
| Date: | April 28, 2016                          | /s/ Edmund G. Urban III                      |                             |                           |  |
|       |   | Signature of Attorney                        |                             |                           |  |
|       |   |  | Edmund G. Urban III 6182264 |                           |  |
|       |   | Urban & Burt, Ltd.<br>5320 W 159th Street    |                             |                           |  |
|       |   | Suite 501                                    |                             |                           |  |
|       |   | Oak Forest, IL 60452                         |                             |                           |  |
|       |   | 708-687-5200 Fax: 708-687-5                  | 278                         |                           |  |

Bank of America PO Box 851001 Dallas, TX 75285-1001

Capital One Attention: Bankruptcy Department P.O. Box 85167 Richmond, VA 23285-5167

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285

Carmax 2040 Thalbro St. Richmond, VA 23230

Carmax Auto Finance Attention: Bankruptcy Department P.O. Box 440609 Kennesaw, GA 30160

Comcast PO Box 3002 Southeastern, PA 19398-3002

Credit Acceptance Corporation 25505 West Twelve Mile Road Southfield, MI 48037

Department of Human Servicea 100 S. Grand Avenue East Attn: Payroll-Ludeman Springfield, IL 62703

Franciscan Alliance 28044 Network Place Chicago, IL 60673-1280

Illinois Department of Revenue Bankruptcy Section, Level 7-425 100 West Randolph Street Chicago, IL 60602 Illinois Department of Revenue Bankruptcy Section P.O. Box 64338 Chicago, IL 60664-0338

Internal Revenue Service Centralized Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346

MCSI Inc. PO Box 327 Palos Heights, IL 60463

North Shore Agency 270 Spagnoli Road Suite 110 Melville, NY 11747

North Shore Agency, Inc. 751 Summa Avenue Westbury, NY 11590

Potestivo & Associates 223 W. Jackson Blvd. Suite 610 Chicago, IL 60606

Rushmore Loan Management Services PO Box 52708
Irvine, CA 92619

Shindler & Joyce 1900 East Algonquin Road Suite 180 Schaumburg, IL 60173

Sprint
Attn: Bankruptcy Dept.
PO Box 8077
London, KY 40742

Stellar Recovery 1845 US Highway 93 South Kalispell, MT 59901